COVID-19 has exposed the cumulative impact of years of chronic underfunding of our county public health that is critical for protecting our communities during the current pandemic. Communities of color, who are becoming ill and dying at higher rates than whites, are bearing the brunt of these decisions about public spending. CPEHN analyzed California county and city expenditures and found a disturbing pattern: county and local governments have chosen again and again to invest heavily in law enforcement, which disproportionately harms Black and brown communities, to the detriment of these other vital services that keep people healthy and safe. It’s time to pass county and city budgets that are more reflective of community needs and concerns.

Crumbling Public Health Infrastructure Amid a Global Pandemic

COVID-19 has laid bare the crumbling infrastructure of local public health departments, which are responsible for protecting our communities in the face of the global pandemic. Since the 2008 recession, state and local funding decisions have cut many local public health department budgets, and overall staffing has decreased. Because of these choices, public health departments struggle to carry out essential functions such as infectious disease testing and prevention.

Prior to COVID-19, the Governor’s January 2020 budget proposal continued this trend, reducing spending on public health by $200 million. In the preceding year, the Governor denied a request from local public health departments to begin to backfill years of cuts with a one-time $50 million investment.

Lack of public health infrastructure disproportionately impacts Black, Indigenous, and communities of color

Communities do not equally bear the impact of years of systemic underfunding of our public health departments, and the COVID-19 pandemic has exacerbated health disparities and placed the perils of underfunding public health into stark relief. Media reporting and the State’s COVID-19 infection and mortality data show how Black and brown communities bear the highest disease burden. Yet, California localities are still struggling to build up bilingual public health workforces to conduct contact tracing in key languages like Spanish and Vietnamese, hamstringing perhaps the most effective COVID-19 containment strategy available to the State. These intentional choices to cut public health spending directly translate into Black and Latinx Americans’ preventable deaths, who continue to experience increased exposure to COVID-19 because of a lack of public health infrastructure that can contain the spread of the disease.

These deaths are avoidable. Even as the COVID-19 case count and death toll continues to increase among communities of color, whiter and wealthier communities continue to get the resources they need. In August, the Los Angeles Times reported on how wealthier residents remained healthier because public health recommendations to work from home and self-isolate are mainly viable only for those with financial resources. And a July report from the San Francisco Chronicle documented how whiter and wealthier Bay Area neighborhoods with lower infection rates had just as many testing sites as other neighborhoods with higher infection rates, revealing a pattern of resource misallocation away from the communities with the greatest need.
Budget Choices by County Governments Fail to Invest in the Health of Communities

The lack of public infrastructure is the product of intentional budget choices that prioritize policing and incarceration over investment in community resources including public health. State public expenditure records reveal that in Fiscal Year 2018, law enforcement continues to outpace other local services that invest in community health and needs:

- Counties spent $6.2 billion on their Sheriff’s Departments, as well as an additional $6.6 billion on detention and correction, totaling $12.8 billion.
- Local police spending outpaced that of Sheriff’s Departments, totaling $12.4 billion across all California cities.
- Local and county law enforcement spending combined totaled $25.2 billion.

And even as law enforcement budgets consistently commanded huge budgets, county decision-makers ignored repeated calls from Black, Indigenous, and People of Color (BIPOC) communities and advocates for increased investments in community needs, like public health:

In Fiscal Year 2018, counties only spent $3.7 billion on public health, or only 15 cents on the dollar compared to law enforcement.

Statewide County and Local Spending, Fiscal Year 2018

Source: California State Controller’s Office, Fiscal Year 2018 County and City Expenditures
Counties have the power to invest in communities

A significant portion of spending allocated to police and jails is discretionary, meaning that county governments have the authority to change their spending and direct more funding to public health and other services if they choose to do so.

According to CPEHN’s analysis of Los Angeles County’s 2018-19 budget: Los Angeles County funded 50% percent of the County sheriff’s budget with local public dollars compared to just 17% of the public health budget.

- Of $3.2 billion spent on the sheriff’s department, $1.6 billion came from the county general fund, approximately 50% of the department’s budget, and 7% of the general fund.
- Of $1.2 billion spent on the public health department, $211 million came from the county general fund, only 17% of the department’s budget, and less than 1% of the general fund.

If Los Angeles County chose to redirect the $1.6 billion portion of the sheriff’s department budget that comes from the county general fund and instead use it to fund public health and the COVID-19 response, the county could:

- Provide rental assistance to 106,000 Los Angeles families over six months.1
- Provide wage replacement and allow 1.2 million workers who have been exposed to COVID-19 to quarantine for the recommended 14-day period.2
- Provide childcare to 320,000 children of essential workers over six months.3

### Call to Action: Invest in Health Equity

As communities continue to advocate for programs and services that keep people healthy and safe, local governments must consider if and how they will respond when allocating money in county and city budgets. Despite repeated evidence of how police and policing disproportionately harm and kill Black, indigenous, and people of color, local budgets continue to prioritize police and jails over the health of local communities. The COVID-19 pandemic has worsened this trend, exposing BIPOC communities to far greater levels of avoidable illness and death.

Moving forward, policymakers must prioritize budgets that reflect community priorities. COVID-19 revealed that public health is essential to the safety and wellbeing of all communities; Local decision-makers should prioritize these investments accordingly. Community members and advocates also have an important role to play by keeping their elected officials accountable to making these material changes to local budgets.

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1 Assuming monthly rent of $2,500. 2 Assuming annual income of $35,000. 3 Assuming six-month cost of $5,000 per child, based on estimates by Human Impact.